Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are requir

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Χ

X

ca to respond to a concedion or into	timetion emicas it displays a valid emis control in	27110011
Application Number		
Filing Date		
First Named Inventor	Prasad Keshav DESHPANDE	
Title	NOVEL POLYMORPHS OF RACEMIC	
Art Unit		
Examiner Name		
Attorney Docket Number	WH-18	

I hereby revoke a	Il previo	ous powers of attorney gi	ven in the ab	ove-ide	ntified applica	ation.		_, ,	
I hereby appoint:									
Practitioners associated with the Customer Number: 58478									
OR									
Practitioner(s) r	named be	elow:							
		Name			Registrat	ion Numbe	r		
Mr. Douglas R	obinson				51278		-		
Dr. O. M. (Sam		ut			51286				
<u> </u>	<del>, , ,</del>								
					11000				
as my/our attorney(s) Trademark Office con		s) to prosecute the application erewith.	identified above	, and to tr	ansact all busin	ess in the l	Jnited S	States Patent and	t
Please recognize or c	hange the	e correspondence address for t	the above-identi	fied applic	ation to:				
	associat	ed with the above-mentioned C	Customer Number	er:		_			
OR			50.470			]			
The address  OR	s associa	ted with Customer Number:	58478					-	
X Firm or Individual	Name	Bio Intellectual Property Service	ces (Bio IPS) LLC	;					
Address		8509 Kernon Ct			•				
City		Lorton		State	VA		Zip	22079	
Country		USA			D: IDC - D: IDC				
Telephone		703-550-1968		Email	BiolPS@BiolPS.o	com			
I am the: Applicant/Inv	entor.								
		the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form							
		SIGNATURE of	Applicant or A	ssignee (	of Record				
Signature						Date			
Name	P	rasad Keshav DESHPANDE				Telephone			
Title and Company				-					
signature is required, see		rs or assignees of record of the ent	ire interest or their	representa	ative(s) are require	d. Submit m	ultiple fo	orms if more than or	16
X *Total of 6		forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are require

#### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Χ

Χ

	PTO/SB/81 (01-06) Approved for use through 12/31/2008. OMB 0651-0035 ademark Office; U.S. DEPARTMENT OF COMMERCE
	rmation unless it displays a valid OMB control number.
Application Number	
Filing Date	
First Named Inventor	Prasad Keshav DESHPANDE
Title	NOVEL POLYMORPHS OF RACEMIC
Art Unit	
Examiner Name	
Attorney Docket Number	WH-18

I hereby revoke a	II previo	ous powers of attorney gi	ven in the ab	ove-ide	ntified applica	ation.			
I hereby appoint:									
Practitioners associated with the Customer Number:  58478									
OR	OR								
Practitioner(s) r	named be	low:							
	Name Registration Number								7
Mr. Douglas R	obinson				51278				1
Dr. O. M. (San		ut			51286				1
	, ,		· · · · · · · · · · · · · · · · · · ·						1
									1
as my/our attorney(s) Trademark Office con	or agent( nected th	s) to prosecute the application erewith.	identified above	, and to tr	ransact all busine	ess in the U	Jnited S	States Patent ar	nd
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number:									
OR			50.170						
The address	s associat	ted with Customer Number:	58478						
X Firm or Individual	Name	Bio Intellectual Property Servi	ces (Bio IPS) LLC	;					
Address		8509 Kernon Ct			7 <u></u>				
City		Lorton		State	VA		Zip	22079	
Country		USA							
Telephone		703-550-1968		Email	BioIPS@BioIPS.c	om			
Applicant/Inv Assignee of	I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								. <u>.</u>
		SIGNATURE of	Applicant or A	ssignee	of Record				
Signature						Date			
Name	S	atish Baliram BHAVSAR				Telephone			
Title and Company									
NOTE: Signatures of all signature is required, see		rs or assignees of record of the ent	tire interest or their	representa	ative(s) are require	d. Submit m	ultiple fo	orms if more than	one
X *Total of 6		forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Χ

X

Application Number		1
Filing Date		
First Named Inventor	Prasad Keshav DESHPANDE	
Title	NOVEL POLYMORPHS OF RACEMIC	_
Art Unit		
Examiner Name		_
Attorney Docket Number	WH-18	7

I hereby revoke all pre	evious powers of attorney given	ven in the ab	ove-ide	ntified applica	ation.			
I hereby appoint:	1							
Practitioners associated with the Customer Number:  58478								
OR		<u> </u>						
X Practitioner(s) name	ed below:							
	Name	<u> </u>		Registrat	ion Numbe	ır		
Mr. Douglas Robins	on .			51278				1
Dr. O. M. (Sam) Zag				51286				
	·							]
								]
as my/our attorney(s) or ag Trademark Office connected	gent(s) to prosecute the application ed therewith.	identified above	, and to ti	ransact all busin	ess in the l	United \$	States Patent an	d
Please recognize or chang	ge the correspondence address for t	the above-identif	ied applic	cation to:				
The address asso	ociated with the above-mentioned C				_			
OR		E0.470						
The address ass	sociated with Customer Number:	58478						
Firm or Individual Nam	ne Bio Intellectual Property Servi	ces (Bio IPS) LLC	•		_			
Address	8509 Kernon Ct			" -				
City	Lorton		State	VA		Zip	22079	
Country	USA 703 FFO 1060		C:I	D:-IDC@D:-IDC				
Telephone I am the:	703-550-1968		Email	BioIPS@BioIPS.				
Applicant/Inventor Assignee of recor	rd of the entire interest. See 37 CFF						,	
Statement under	37 CFR 3.73(b) is enclosed. (Form							
	SIGNATURE of	Applicant or A	ssignee	of Record			<del></del>	
Signature	Yati CHUGH			-	Date	<u> </u>	-	
Name Title and Company	Tall Chugh				Telephone			
NOTE: Signatures of all the in-	ventors or assignees of record of the ent	tire interest or their	represent	ative(s) are require	d. Submit m	ultiple fo	orms if more than o	ne
signature is required, see belo	ow".							
*Total of 6	forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are requir

#### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

χ

χ

U.S. Patent and Tr	PTO/SB/81 (01-06) Approved for use through 12/31/2008. OMB 0651-0035 ademark Office; U.S. DEPARTMENT OF COMMERCE Immation unless it displays a valid OMB control number.
Application Number	
Filing Date	
First Named Inventor	Prasad Keshav DESHPANDE
Title	NOVEL POLYMORPHS OF RACEMIC
Art Unit	
Examiner Name	
Attorney Docket Number	WH-18

I hereby revoke al	previo	us powers of attorney gi	ven in the ab	ove-ide	ntified applic	ation.			
I hereby appoint:			5047	10					
X Practitioners associated with the Customer Number:									
OR									
Practitioner(s) na	amed be	low:							
		Name			Registrat	ion Numbe	∍r		7
Mr. Douglas Ro	binson				51278				┪
Dr. O. M. (Sam)		ut	<del></del>		51286				1
`	, <u>J</u>								1
									]
as my/our attorney(s) of Trademark Office conn		s) to prosecute the application erewith.	identified above	, and to t	ransact all busin	ess in the	United S	States Patent a	nd
Please recognize or ch	nange the	e correspondence address for t	he above-identi	fied appli	cation to:				
I 🗆		ed with the above-mentioned C							
OR OR	23300iai	ou war are above mendoned e	astomor (value			1			
The address	associat	ed with Customer Number:	58478						
OR	43300141	ed Wat editorier Hamber.							
Firm or Individual	Name	Bio Intellectual Property Servio	ces (Bio IPS) LL(	;					
Address		8509 Kernon Ct							
City		Lorton		State	VA		Zip	22079	
Country		USA		T = "	D: 100 - D: 100				
Telephone		703-550-1968		Email	Bio1PS@Bio1PS.	com			
I am the:  Applicant/Inve	entor								
I — ``		the entire interest. See 37 CFF	2 3 71						
Statement un	der 37 C	FR 3.73(b) is enclosed. (Form	PTO/SB/96)		<del></del>				
		SIGNATURE of	Applicant or A	ssignee	of Record				
Signature				•		Date			
Name	Ravi	ndra Dattatrya YEOLE				Telephone			
Title and Company									
NOTE: Signatures of all the signature is required, see		rs or assignees of record of the ent	ire interest or thei	r represent	ative(s) are require	d. Submit n	ultiple fo	orms if more than	one
X *Total of 6		forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Χ

χ

Application Number	imation unless it displays a valid Olvia control numb	BI.
Filing Date		
First Named Inventor	Prasad Keshav DESHPANDE	
Title	NOVEL POLYMORPHS OF RACEMIC	
Art Unit		
Examiner Name		_
Attorney Docket Number	WH-18	

	Il previo	ous powers of attorney g	iven in the at	oove-ide	entified applica	ation.		
I hereby appoint:			<u></u>					
X Practitioners as:	sociated	with the Customer Number:	5847	78				
OR								
X Practitioner(s) n	named be	low:						
		Name			Registrati	on Numb	er	
Mr. Douglas Ro	obinson				51278			
Dr. O. M. (Sam		ut			51286			
J. O. W. (03	., <u></u>				01200			
as my/our attorney(s) of Trademark Office confi		s) to prosecute the application erewith.	identified above	e, and to t	ransact all busine	ess in the	United	States Patent and
Please recognize or ch	hanne the	e correspondence address for	the above-ident	ified appli	cation to:	-		
X	-	·		.,	caucii to:			
The address OR	associate	ed with the above-mentioned (	Customer Numb	er:		1		
X			58478					
The address OR	associat	ted with Customer Number:	30470					
Firm or Individual	Name	Bio Intellectual Property Servi	ces (Bio IPS) LL(	C				
Address		8509 Kernon Ct					·	
City		Lorton		State	VA		Zip	22079
Country		USA						
Telephone		703-550-1968		Email	BioIPS@BioIPS.c	om		
Applicant/Inve	I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
		SIGNATURE of	Applicant or A	ssignee	of Record			
Signature						Date		
Name	Noel	John DE SOUZA			1	Telephone		
Title and Company								
NOTE: Signatures of all the signature is required, see	ne inventor below*.	rs or assignees of record of the ent	tire interest or their	r represent	ative(s) are required	d. Submit m	nultiple fo	orms if more than one
X *Total of 6		forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are require

### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Χ

X

Application Number	Thation unless it displays a valid ONE Control in	onioer.
Filing Date		<u> </u>
First Named Inventor	Prasad Keshav DESHPANDE	
Title	NOVEL POLYMORPHS OF RACEMIC	
Art Unit		
Examiner Name		
Attorney Docket Number	WH-18	

I hereby revoke all previous powers of attorney g	iven in the ab	ove-ide	ntified applica	ation.	
I hereby appoint:					
X Practitioners associated with the Customer Number: 58478					
OR					
Practitioner(s) named below:					
Name			Registrat	ion Number	
Mr. Douglas Robinson			51278		
Dr. O. M. (Sam) Zaghmout			51286		
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above	, and to tr	ansact all busine	ess in the Unite	d States Patent and
Please recognize or change the correspondence address for	the above-identif	ied applic	ation to:		
The address associated with the above-mentioned	Customer Numbe	r:			
OR				7	
The address associated with Customer Number:	58478				
OR				<u> </u>	
X   Firm or   Bio Intellectual Property Servi	ices (Bio IPS) LLC				
Address 8509 Kernon Ct					
City Lorton	·	State	VA	Zip	22079
Country USA		- " 1	D: 100 - D: 100		_
Telephone 703-550-1968		Email	BiolPS@BiolPS.c	com	
l am the:  Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFI Statement under 37 CFR 3.73(b) is enclosed. (Form					
	f Applicant or A	ssignee o	of Record		
Signature				Date	
Name Mahesh Vithalbhai PATEL				Telephone	
Title and Company	,				
NOTE: Signatures of all the inventors or assignees of record of the en signature is required, see below.	tire interest or their	representa	ative(s) are require	d. Submit multiple	e forms if more than one
Total of 6 forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.